

SENATE BILL REPORT

SSB 5514

As Passed Senate, March 1, 2017

Title: An act relating to rapid health information network data reporting.

Brief Description: Concerning rapid health information network data reporting.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Rivers, Cleveland and Keiser; by request of Department of Health).

Brief History:

Committee Activity: Health Care: 2/06/17, 2/09/17 [DPS, w/oRec].

Floor Activity:

Passed Senate: 3/01/17, 49-0.

Brief Summary of First Substitute Bill

- Mandates emergency department syndromic surveillance reporting to the Department of Health.
- Allows for patient data to be used for public health purposes so long as patient confidentiality is maintained.

SENATE COMMITTEE ON HEALTH CARE

Majority Report: That Substitute Senate Bill No. 5514 be substituted therefor, and the substitute bill do pass.

Signed by Senators Rivers, Chair; Cleveland, Ranking Minority Member; Kuderer, Assistant Ranking Minority Member; Bailey, Conway, Fain, Keiser, Miloscia, Mullet, O'Ban and Walsh.

Minority Report: That it be referred without recommendation.

Signed by Senator Becker, Vice Chair.

Staff: Kathleen Buchli (786-7488)

Background: Public health surveillance is the continuous, systematic collection, and interpretation of health-related data needed for public health planning. Syndromic surveillance is a process that regularly and systematically uses health and health-related data,

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such as patient encounter data from health care settings, to make information available on the health of a community. It is useful to public health authorities to plan for emergency response management.

Meaningful Use is the use of certified electronic health technology improve care coordination and public health while maintaining privacy and security of patient health information. Meaningful Use sets specific objectives that eligible professionals and hospitals must achieve to qualify for Centers for Medicare and Medicaid Services incentive programs. Currently, 93 hospitals and more than 2000 clinics are establishing syndromic surveillance reporting to DOH using Meaningful Use guidelines.

Summary of First Substitute Bill: Hospitals with emergency departments must electronically submit emergency department patient care information to DOH for collection, maintenance, analysis, and dissemination by DOH. Data must be collected in a way that allows automated reporting by electronic transmission. DOH may contract with a private entity for the data collection if deemed cost-effective and efficient.

Both the department and private entity must :

- collect data by automated reporting by electronic transmission
- have an established data submission arrangement with the majority of emergency departments required to submit data
- allow emergency departments submitting data to immediately obtain their own data and aggregate regional and statewide data and allow DOH to immediately obtain data within 30 minutes of submission of a query for the data once it is available in the system
- work with existing emergency department data systems

DOH must establish a uniform reporting system for reporting of data elements which include: facility information, limited patient identifiers, patient demographics, encounter and laboratory information, and other information to validate information received and to address public health threats. DOH may require additional information from data providers to validate and verify data and to conduct surveillance of potential public health threats.

Data collected by DOH is confidential but may be released as follows:

- data with direct and indirect patient identifiers may be released to federal, state, tribal, and local government agencies, and researchers approved by an institutional review board, subject to data use agreements and confidentiality agreements;
- data with indirect patient identifiers may be release to agencies, institutional review board-approved researchers; and
- data without direct or indirect patient identifiers may be released upon request.

Recipients of data must protect direct and indirect patient identifiers and may not re-disclose the data. They may not attempt to determine the identity of the patients through their data set or use the data in a way that identifies the patient.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony on Original Bill: *The committee recommended a different version of the bill than what was heard.* PRO: This is the only source of emergency department data in Washington. This system allows DOH to collect data in real-time to share with emergency room departments, to determine where outbreaks may be occurring. This data is specific to diseases coming to emergency rooms. The data allows DOH and public health to respond to outbreaks and shift resources accordingly. In 2018, the facilities that are currently reporting this data will no longer be able to report this data unless this bill is in place. Anything that provides accurate data collection is critical. The system may also be able to detect drug overdoses, including from fentanyl. Currently, all 98 emergency room departments in Washington are registered to support this data system.

OTHER: Real-time data collection can be lifesaving.

Persons Testifying: PRO: Senator Ann Rivers, Prime Sponsor; Cynthia Harry, Washington State Department of Health; Scott Lindquist, Washington State Department of Health; George Dulabon, Peacehealth Southwest Medical Center; Drew Bouton, Department of Health.

OTHER: Riyadh Karmy-Jones, Peacehealth Southwest Medical Center.

Persons Signed In To Testify But Not Testifying: No one.